KyHealth Choices

Bimonthly Update
February *2007*

Public Forum Set

The next “Ask the Medicaid Commissioner” forum will be conducted on March 15, 2007 at 3 o’clock. . The forum will be held at the Health Services Auditorium in the CHR building, 275 East Main Street, Frankfort, Ky. This on-going series is open to all *KyHealth Choices* members and their guardians, providers’ advocacy organizations, and staff.

Postponement of the New MMIS System

The Department for Medicaid Services (DMS) is committed to providing you the most effective and efficient Medicaid system possible. While, the customization and testing of our new, improved Medicaid Management Information System (MMIS) is going well, it is taking longer than we initially anticipated. In order to ensure that the transition to our new system goes smoothly, the Cabinet and EDS have decided to postpone implementation for a for a period of six-eight weeks.

We will notify you as soon as possible but at least 21 days prior to the switch to the new system. In the meantime, the current Medicaid system will continue to operate and you should see no interruption in services or processing of claims.

We appreciate your patience as we continue testing the new MMIS system to ensure its effectiveness and efficiency. Should you have any questions, please contact our provider relations staff at 1-800-807-1232, Monday through Friday, 8:00 a.m. until 6:00 p.m. est.

Interesting Medicaid Facts

The typical Kentucky Medicaid member that utilizes the emergency room averages 1.20 visits per month for an average cost per claim of $200.07. The most common diagnoses for ER usage are acute upper respiratory infections, ear infections, and laryngitis. To curb the excessive usage by a small minority of individuals, *KyHealth Choices* continues to require a 5% coinsurance for any ER visit deemed a non-emergency, not to exceed $6.00 per visit.

Kentucky Tobacco Quit Line

On December 15, DMS began an innovative new program offering nicotine replacement therapy to Medicaid members who take advantage of the Kentucky Tobacco Quit Line. Through the initiative, DPH’s Tobacco Prevention and Cessation Program provides coverage of nicotine replacement products at no cost to Medicaid members who enroll in Quit Line counseling. Products will be provided to all *KyHealth Choices* members. Those under 18 years old must obtain parental consent to enroll in Quit Line counseling and a doctor's prescription for nicotine replacement products Medicaid members who want to take advantage of the program can do so by calling 1-800-QUIT NOW. Nicotine replacement therapy (NRT) products -- including nicotine patches, gum and lozenges -- will be supplied through funding from additional tobacco settlement funds earmarked in the 2006 state budget for smoking prevention and cessation programs. This smoking prevention and cessation initiative was provided in partnership with “Get Healthy Kentucky”, the Department for Public Health (DPH) and the Department for Medicaid Services (DMS).

Breast and Cervical Cancer Screening Initiative

The Division of Medical Management and Quality Assurance (MMQA) in DMS is piloting a health prevention/wellness initiative on breast and cervical cancer screenings. The target population includes members ages 40 – 64 for breast cancer screening and ages 21 – 64 for cervical cancer screening. The pilot counties for the initiative cover those where Medicaid members have some of the lowest rates for Mammogram and Pap testing and have the highest mortality rates of breast and cervical cancer. Those counties include Breathitt, Elliott, Floyd, Johnson, Lawrence, Magoffin, Martin, Powell and Wolfe. The focus of the initiative, which began February 2006, is breast and cervical cancer awareness and screening recommendations. The goal is to increase the number of female Medicaid members who receive a mammogram and Pap test. By detecting cancer early, less costly interventions can be taken to improve quality of life and decrease mortality and morbidity. The initiative also promotes clinical breast examinations, monthly breast self-examinations and HPV education. In September 2006, mammography service was made available to three of the pilot counties, Martin, Magoffin and Wolfe, which do not have freestanding or mobile units. Funding was made available through the Division of Women's Mental and Physical Health covering expenses for King's Daughters Medical Center Mobile Mammography Unit, Ashland, to spend one day in each of the three counties. DPH was a partner in assisting at the local level.

During the three days, 68 women, most rarely or never screened, received mammograms; 65 of the women had Pap tests for cervical cancer screening. First Lady Glenna Fletcher distributed approximately 600 birthday cards each month to provide incentive to these women as a motivator to complete breast and cervical cancer screenings. The reminders were provided utilizing grant funds from the Foundation for Healthy Kentucky. A postcard was also included with the monthly birthday cards offering $10 free to members when a mammogram or Pap test is completed. So far, over 3300 women had received postcards and have had the opportunity to receive the incentives.

Healthy at Heart Initiative

The Division of Medical Management and Quality Assurance (MMQA) is also working with "Healthy at Heart" which is centered on health screenings for diabetes and cholesterol and blood pressure checks throughout the state. There are approximately 4,120 Medicaid members enrolled in this program. This was our first effort with a health awareness program dedicated to members with a chronic disease. We will be doing a similar program in 2007. Our disease management and preventive care programs are going quite well with newsletters going out quarterly to designated members in pilot counties. MMQA has conducted a statewide postcard mailing to Medicaid members for the month of February 2007 with preventive measures for coronary artery disease and heart attack. This mailing has the theme of "Your Heart matters to Us." This mailing has gone to approximately 113,200 members in recognition of February being American Heart Month. Therefore, we are moving forward with our health awareness projects. To view a copy of this postcard, visit the DMS website at http://chfs.ky.gov/dms.

Regulations Update

DMS has developed a new page on their website that list regulations that have either been amended or not amended, in response to public or agency comments, and submitted to the Legislative Research Commission. This page is located at http://chfs.ky.gov/dms/Regulations+after+comments.htm.

In addition, Kentucky Medicaid providers and members can access Medicaid program regulations on the DMS website at, http://www.chfs.ky.gov/dms/Regs.htm.

DMS is also in the process of developing a State Plan Amendments page that will be linked off the State Plan Page at http://chfs.ky.gov/dms/state.htm. Please check back for more updates.

Consumer Directed Option (CDO) Program Update

DMS and the Department for Aging and Independent Living (DAIL) are now in the process of implementing a revised procedure based on recommendations from the member and provider communities. The Home and Community-Based Services waiver (HCB) and the Supports for Community Living (SCL) Wavier are currently in full swing. The Acquired Brian Injury (ABI) waiver was implemented February 19, 2007 with trainings on the process for the providers in early February.

Robert Wood Johnson also was onsite February 13 and 14, 2007 to review the CDO process and provide technical assistance. DMS and DIAL are in the process of reviewing those recommendations.

Enhanced Rate for Community Transitions

Requests for the Supports for Community Living (SCL) Enhanced rate continue, but have decreased. To date 37 individuals have been approved. Please continue to send requests to Carrie Banahan at 502-564-4321.

Optimum Choices

DMS continues to pursue the "COMBO Model" utilizing portions of the Deficit Reduction Act (DRA) and 1915c waivers. The Basic Level of Care Plan was formally submitted to the Centers for Medicare and Medicaid Services (CMS) on December 15, 2006. CMS consulted with the state in late January and the plan is currently being revised based on their feedback. The plan includes a broader provider base including: senior citizen centers, and public housing authorities. The plan requires independent assessment and reassessment and includes the availability of crisis stabilization. The Expanded Plan (Level Two) will be submitted by April 30, 2007. This plan will also include crisis stabilization and will expand the service array to develop a continuum of care and focus on community services. The Expanded Level of Care will require amendments to three 1915 c waivers. A team of providers, consumers, advocates and staff met on January 19 and February 9, 2007 to work on this plan.

Brain Injury

On 12/16/06, The Brain Injury Branch transferred from the Department for Mental Health and Mental Retardation Services (DMHMRS) to DMS within the Division of Long Term Care and Community Alternatives. This branch will move physically within the next few weeks. DMS staff meet regularly with the Brain Injury Branch staff to ensure a smooth transition.

Provider Enrollment

KyHealth Choices is excited to present a web-based enrollment system that allows prospective providers to complete and submit enrollment applications electronically. To find out more about this new tool call the provider services department at 1- 800-639-5195 or visit the *KyHealth Choices* website at https://kyhealthchoices.fhsc.com/.

Provider Directory

KyHealth Choices announces the creation of a Provider Directory for members and providers to locate a provider based on specialty, name or location. To visit the new directory, direct your browser to https://kentucky.fhsc.com/kmaa/members/provider_search.asp.

National Provider Identifier (NPI)

To ensure compliance, providers for Kentucky Medicaid are required to obtain an NPI and taxonomy code(s) no later than May 1, 2007. Providers are required to submit this information to *KyHealth Choices* prior to this date to avoid delays in claims processing. Once First Health received the NPI/taxonomy information, it will be entered into FIQM and the information will be uploaded into the MMIS and be on file when the provider bills claims effective May 23, 2007. On this date, *KyHealth Choices* will require the NPI and taxonomy code(s) on electronic and paper claims as well as point of sale (POS) claims. The NPI and taxonomy code(s) will be a pre-requisite for enrollment in *KyHealth Choices* and will be required on maintenance forms effective May 23, 2007. Once the new system is implemented, *KyHealth Choices* will start accepting NPI and taxonomy code(s); to avoid any delays in the claims payment, it is imperative to obtain an NPI and furnish it to *KyHealth Choices* as soon as possible.

To date, very few Medicaid providers have obtained the required number. **Therefore, if you have not yet obtained your NPI and taxonomy code(s), please do so as soon as possible.** There are three ways to obtain your NPI and taxonomy code(s):

- Contact FOX Systems to obtain a paper copy of the application by calling 1-800-465-3203 or by email at customerservice@npienumerator.com
- Complete the online application at the NPPES web site https://NPPES.cms.hhs.gov/NPPES/Welcome.do.
- An employed provider should contact their employer or other trusted organization that can obtain an NPI on their behalf through bulk enumeration, or Electronic File Interchange (EFI) with the provider's authorization.

Once providers obtain their NPI and taxonomy code(s), FOX Systems will issue verification. **All providers required to submit their NPI should send a copy of the FOX Systems verification to *KyHealth Choices***. A copy of the FOX Systems verification should be mailed or faxed to:

KyHealth Choices;
NPI/Taxonomy;
P.O. Box 2110;
Frankfort, KY 40602;
Fax: 502-607-8401.

For more information on submitting your NPI and taxonomy code(s), please call 1-800-639-5195.

Kentucky Children's Health Insurance Program (KCHIP) Enrollment

DMS will be monitoring KCHIP enrollment to ensure that the co-payment and service limit changes to the program do not have an adverse impact on enrollment. Baseline data regarding ER, pharmacy and allergy testing has been developed to monitor the impact of these changes on utilization. The KCHIP Advisory Council, comprised of providers, members and advocates, continues to meet on a quarterly basis to discuss and analyze the KCHIP program. DMS is closely monitoring the re-authorization bill in Congress and provided numerous updates and other inforamtion to our federal legislators.

How will the bidding-out process for KCHIP and children's Medicaid services be implemented and how will it be evaluated as to cost-effectiveness and quality?

At this time, DMS has not conducted a financial analysis to determine if bidding out Family Choices will be cost effective. Once completed, and if deemed cost effective, then a firm decision will be made regarding issuing an RFP. However, DMS would retain all policy decisions and authority. Quality control measures would be implemented and monitored as a part of the contract. Such measures would include access to care, enrollment and retention, service utilization, and health outcomes. Baseline data would be gathered before awarding the contract and the winning contractor would have to meet or exceed established criteria.

New Citizenship Documentation Requirements Being Monitored

To ensure a smooth process for the implementation of the new Citizenship Documentation Verification requirements under the DRA, CHFS has convened a small work group to monitor implementation and impact. The group, comprised of representatives from ARMS, DMS, the Department for Community Based Services, Vital Statistics and Health Policy, will continue to meet on a regular basis for the next few months to problem-solve any glitches in the roll-out of the new guidelines.

Frequently Asked Questions

1. **What is being done about the 552 issue**?
   To date, DMS has finished correcting the files and in the process of reviewing the provider file to see who DMS needs to notify about the readjustment process.

2. **Can pharmacies turn members down for not paying their co-payment**?
   Pharmacies cannot refuse to dispense prescriptions to recipients below 100% FPL. Pharmacies can refuse to dispense meds to members above 100% FPL if they will not pay their co-payment; however, the pharmacist is required to provide a 72-hour emergency supply of any drug that would cause the member to be hospitalized or in jeopardy if it were not dispensed

3. **Will DMS re-apply for the Money Follows the Person Grant?**
   Yes, a new process for input has been developed and we will meet the resubmission deadline of February 26, 2007.